

APPENDIX B – TECHNICAL INFORMATION FORM (TIF)

Complete all applicable sections of this form and attach the required maps, diagrams, laboratory data, etc. A Notice of Coverage letter will not be issued unless the Report of Waste Discharge is complete and demonstrates that Order No. R1-2021-0001 (Order) is applicable to the proposed discharge.

1. PROCESSING FACILITY INFORMATION

Facility Name (as provided on Form 200):
Facility Address (as provided on Form 200):

2. LOCATION MAP

Provide a map or accurately scaled and labeled drawing showing the location of the Wine, Beverage, or Food (WBF) processing facility in the context of the general vicinity.

3. FACILITY SITE PLAN OR MAP

Provide a map or an accurately scaled and labeled drawing showing a plan view of the WBF processing facility showing all relevant site features and locations of the WBF process wastewater system, including storage structures, and discharge location(s). Also include on the map the location of the process solids storage area, on-site wells, on-site drainage courses and nearby surface waters.

4. OTHER MAPS OR PLANS (Optional)

Provide other maps, plans, or sketches, as desired, to illustrate the WBF processing wastewater treatment and disposal system location or design features.

5. FACILITY TYPE AND PRODUCTION CAPACITY Additional information attached.

Type of Processing facility:			
<input type="checkbox"/> Winery	<input type="checkbox"/> Brewery	<input type="checkbox"/> Cider House	<input type="checkbox"/> Distillery
<input type="checkbox"/> Olive Oil	<input type="checkbox"/> Cannery	<input type="checkbox"/> Fruit or Vegetable Processing	
<input type="checkbox"/> Cut & Wrap Meat Packaging		<input type="checkbox"/> Dairy product	
<input type="checkbox"/> Other beverage _____		<input type="checkbox"/> Other food _____	

6. PRODUCTION INFORMATION Additional information attached.

Processing Season: (include start and end dates)

Annual Processing Volume of Produce or Commodity: (e.g. grapes, malt, olives, milk)

Weight (tons): _____ or Volume (gallons): _____

Annual Production Volume:

Cases of Wine: _____

Gallons of other Liquid: (e.g. beer, olive oil, etc.) _____

Pounds of Product: (e.g. meat, cheese, potatoes, etc.) _____

7. REGIONAL WATER BOARD DISCHARGE COVERAGE Additional information attached.

attached.

Identify whether the WBF processing facility is new or existing. For existing facilities identify the current Regional Water Board permit coverage authorizing the discharge of process wastewater and solids to land in a manner protective of water quality. If the discharge has not been authorized by a Regional Water Board permit or action, check the "No coverage" box.

 New WBF Processing Facility (no operations to date)

Planned Operations Start Date: _____ Planned date of first Discharge: _____

 Existing WBF Processing FacilityCurrently (check one): In operation Or Not in operation

Current or historical discharge authorization: (check all applicable boxes)

 Issued Facility Specific Waste Discharge Requirements (WDR)

WDR Order No.: _____

 Enrolled under General Winery WDR Order R1-2002-0012 Issued Small Winery Waiver Letter Other: No Coverage

8. EXISTING PERMITS - OTHER AGENCIES Additional information attached.

Identify the following for all permits issued by other agencies for the facility and/or the facility wastewater system (e.g. conditional use permit, building permit, grading permit):

<u>Permit Type or Subject</u>	<u>Permit Agency</u>	<u>Permit Number</u>	<u>Date of Issue</u>
1.			
2.			
3.			
4.			

9. WASTEWATER TO WINE RATIO (if applicable) Additional information attached.

Only wineries producing between 1,501gpd to 3,000 gpd of process wastewater are required to provide information for this section of the TIF.

<p>Annual volume of process wastewater: _____ gallons</p> <p>Annual volume of wine produced at the facility: _____ gallons (Includes tons of grapes processed, wine received and juice received at facility)</p> <p>Waste water to wine ratio: _____</p>
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10. TREATMENT, DISPOSAL and/or REUSE Additional information attached.

Check all that apply. In addition provide a detailed description of processes and practices for treatment, disposal, and/or reuse of solid and liquid waste streams. Include engineering design information.

Initial Treatment	<input type="checkbox"/> Solids Separation Method:	<input type="checkbox"/> pH Neutralization Method:
	<input type="checkbox"/> Septic Tank <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <p>Tank Volume (gallons): _____</p> <p>Detention Time (days): _____</p> </div> <div style="width: 35%;"> <p>Equipped with Effluent Filter? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Equipped with Septic Tank Riser? Yes <input type="checkbox"/> No <input type="checkbox"/></p> </div> </div>	

Treatment/Storage	<input type="checkbox"/> Pond Total Volume (gallons): _____ <input type="checkbox"/> Facultative <input type="checkbox"/> Aerobic with Aerators Yes <input type="checkbox"/> No <input type="checkbox"/> Detention Time (days): _____ number of aerators: _____ Number of Ponds: _____ Pond Lining? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of liner: _____	
	<input type="checkbox"/> Constructed Wetland Detention Time: _____	
Disposal	Treated or Untreated Wastewater	<input type="checkbox"/> Aboveground Disposal Use: <input type="checkbox"/> Irrigation <input type="checkbox"/> Frost Protection Disposal Area Size (acres): _____ Irrigation Method: Drip <input type="checkbox"/> Overhead <input type="checkbox"/> Other Irrigation Method: _____
		<input type="checkbox"/> Subsurface Disposal and At Grade Disposal: Type: <input type="checkbox"/> Conventional Leach field; <input type="checkbox"/> Special Design System; <input type="checkbox"/> Subsurface Drip; <input type="checkbox"/> Other: _____ Inspection Ports: Yes <input type="checkbox"/> No <input type="checkbox"/> 100% Replacement Area: Yes <input type="checkbox"/> No <input type="checkbox"/> Total Leachline Length: _____ Depth of trench: _____ Depth to groundwater (feet below ground surface): _____ Number of spreading basins: _____ Total basin acreage: _____
	Method and Location of Processing Solids Disposal:	
<input type="checkbox"/> Other Treatment and/or Disposal Methods:		

14. STORM WATER PERMIT COVERAGE Additional information attached

For facilities currently regulated under the statewide Industrial Storm Water Permit, identify the following:

WDID No.:	Stormwater Program NOI Date:
Has a "No Exposure Certification" been issued for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date:
Has a "Notice of Non Applicability" been issued for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date:
Has a "Notice of Termination" been issued for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date:

15. SIGNATURE and CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Signature: _____ Date: _____

Printed Name: _____

Title: _____